

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/963,668 FILING DATE 9.27.01  
APPLICANT(S) \_\_\_\_\_

10.14.04 12.13.04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8	1		1		1	
9		2		2		2
10	1		1		1	
11		1		1		1
12	1		1		1	
13		1		1		1
14	1		1		1	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18	1		1		1	
19	1		1		1	
20	1		1		1	
21	1		1		1	
22		1		1		1
23		1		1		1
24		3		3		3
25	1		1		1	
26	1		1		1	
27	1		1		1	
28			1		1	
29			1		1	
30			1		1	
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50						
TOTAL IND.	15		15		15	
TOTAL DEP.		5		5		5
TOTAL CLAIMS	15	5	15	5	15	5

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS